Name (Print/type)

Signature

Deirdre Megley Kvale

Registration No. (Attorney/Agent)

35,612 11/14/03

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. S104.12-0062/STL 11497 Attorney Docket No. UTILITY First Inventor or Application Identifier Xu Zuo et al. PATENT APPLICATION Title ACTUATOR ASSEMBLY INCLUDING AN ACTUATOR transmittal **BODY DAMPING ASSEMBLY** (Only for new non-provisional applications under 37 C.F.R. § 1.53(B)) Express Mail Label No. EV241979256US Mail Stop Patent Application APPLICATION ELEMENTS **Commissioner for Patents** Address To: See MPEP chapter 600 concerning utility patent application contents. P.O. Box 1450 Alexandria, VA 22313-1450 X 7. \*Fee Transmittal Form e.g., PTO/SB17) CD-ROM or CD-R in duplicate, large table or 1 (Submit an original and a duplicate for fee processing) Computer program (Appendix) 2. Applicant Claims small entity status Nucleotide and/or Amino Acid Sequence Submission X 14 | 7 Specification [Total Sheets (If applicable, all necessary) 3. (preferred arrangement set forth below - Descriptive title of the Invention) a. ☐ Computer Readable Copy - Cross References to Related Applications b. Specification Sequence Listing on: - Statement Regarding Fed sponsored R & D i. CD-ROM or CD-R (2 Copies); or - Reference to Microfiche Appendix ii. Paper - Background of the Invention - Brief Summary of the Invention C. ☐ Statement verifying identity of above copies - Brief Description of the Drawings (if filed) - Detailed Description **ACCOMPANYING APPLICATION PARTS** - Claim(s) 9. Assignment Papers (cover sheet & document(s)) - Abstract of the Disclosure 37 C.F.R. § 3.73(b) Statement ☐ Power of 10 (when there is an assignee) Attorney 11. English Translation Document (if applicable)  $\boxtimes$ П ☐ Copies of IDS Drawing(s) (35 U.S.C. § 113) Total Sheets Information Disclosure 12. 4. Statement (IDS)/PTO - 1449 Citations Oath or Declaration 13. **[Total Sheets Preliminary Amendment** 5.  $\mathbf{X}$ Return Receipt Postcard (MPEP 503) 14. a. ☑ Unexecuted (original or copy) (Should be specifically itemized) b. Copy from a prior application (37 C.F.R. § 1.63(d)) Certified Copy of Priority Document(s) 15. (for continuation/divisional with Box 18 completed) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Nonpublication Request Under 35 USC 122 16. Signed statement attached deleting (b)(2)(B)(i). Applicant must attach form PTO/SB/35 inventor(s) named in the prior application, or its equivalent see 37 C.F.R. §§1.63(d)(2) and 1.33(b). Other: 6 17. X Application Data Sheet. See 37 CFR 1.76 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ■ Divisional ☐Continuation –in part (CIP) of prior application No: \_ Prior application information: Examiner Group/Art Unit: FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Deirdre Megley Kvale Name **WESTMAN CHAMPLIN & KELLY** Suite 1600 - International Centre Address 900 South Second Avenue Minneapolis MN 55402-3319 Zip Code City State (612) 334-3222 **USA** (612) 334-3312 Country Telephone

		Compl	ete if Kno	wn	
FEE TRANSMITTAL		Application No.			
	Filing	Date		H	lerewith
		Named	Invento	r X	(u Zuo et al.
	Title			Α	CTUATOR ASSEMBLY INCLUDING AN CTUATOR BODY DAMPING ASSEMBLY
	Group Art Unit				
	Examiner Name				
Total Amount of Payment \$ 770	Atty. Docket Number			r S	5104.12-0062/STL 11497
METHOD OF PAYMENT (Check One)				FEE	CALCULATION (Continued)
The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee,		DITIONAL Entity		I Entity	
and credit any over payments to Deposit Account No. <u>23-1123</u> .  Westman, Champlin & Kelly, P.A.	Fee	Fee	Fee	Fee	Fee Description Fee Paid
2.  Check Enclosed	Code	(\$)	Code	(\$)	
	1051	130	2051	65	ů ů
FEE CALCULATION	1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet
1. BASIC FILING FEE	1053	130	1053	130	Non-English specification
Large Entity Small Entity	1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)
Fee Fee Fee Fee	1251	110	2251	55	Extension for reply within first month
Code (\$) Code (\$) Fee Description	1252	420	2252	210	Extension for reply within second month
1001 770 2001 385 🗵 Utility Filing Fee	1253	950	2253	475	Extension for reply within third month
Design Filling Fee	1254	1,480	2254	740	Extension for reply within fourth month
Theissue Filling Fee	1255	2,010	2255	1,005	Extension for reply within fifth month
1005 160 2005 80 ☐Prov. Filing Fee	1402	330	2402	165	Filing a brief in support of an appeal
Subtotal (1) \$ 770	1403	290	2403	145	Request for oral hearing
2. EXTRA CLAIM FEES	1814	110	2814	55	Terminal Disclaimer Fee
Number Prior** Extra Fee from Fee Paid Claims Below	1452	110	2452	55	Petition to Revive - unavoidable
Total 20 20 0 18 0	1453	1,330	2453	665	Petition to Revive - unintentional
Indep. 3 3 0 86 0	1501	1,330	2501	665	Utility/Reissue issue fee (inc. advance copies)
Multiple Dependent Claims	1502	480	2502	240	Design issue fee (inc. advance copies)
** Insert 3 and 20, or number previously paid if greater; Reissue see below	1460	130	1460	130	Petitions to the Commissioner
Large Entity Small Entity  Fee Fee Fee Fee Description  Code (\$) Code (\$)	1807	50	1807	50	Petitions related to provisional applications
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1806	180	1806	180	Submission of Information Disclosure Statement
1203 290 2203 145 Multiple Dependent Claims	8021	40	8021	40	
1204 86 2204 43 Reissue Independent Claims over Original Patent 1205 18 2205 9 Reissue claims in excess of 20				70	property (times number of properties)
and over original patent	Uther F	ee (speci	ту)		
Subtotal (2) \$ 0	1				Subtotal (3) \$

Signature Olliche Kvale (Deirdre Megley-Kvale )

Reg. No. 35,612

Date <u>Novem</u>ber 14, 2003